



500 Summer St NE E35

Salem, OR, 97301

Voice: 503-945-5772 or 800-527-5772

Fax: 503-373-7689

TTY: 711

www.oregon.gov/OHA/HSD

Attestation of Submission of Subcontractor and Delegated Work Report

Coordinated Care Organization (Contractor) Name: _____

Plan Number: _____ Contract Number: _____

I, the undersigned (as CEO, CFO of Contractor, or delegate of CEO/CFO), hereby attest that I have authority to certify on behalf of Contractor that the information included in the attached Subcontractor and Delegated Work Report, required to be submitted to the Oregon Health Authority (OHA) under the terms and conditions of the Contract, is based on best knowledge, is true and accurate, and complies with the requirements set forth in Exhibit B, Part 4, Section 12. Therefore, in signing this Attestation of Submission of Subcontractor and Delegated Work Report, I, the undersigned, hereby certify based on best knowledge, information, and belief that all of the following are true and accurate:

- a. Contractor has conducted a readiness review of all Subcontractors and determined that all Subcontractors have met the applicable readiness standards;
b. Contractor has screened all Subcontractors and determined that (i) no Subcontractor is excluded from participation in federal programs, (ii) no Subcontractor is listed on the List of Excluded Individuals or Excluded Parties List System maintained by the Federal Department of Health and Human Services, Office of the Inspector General;
c. Contractor has verified that all of the employees of all Subcontractors have undergone and passed criminal background checks;
d. Contractor: (i) has entered into written Subcontracts with all Subcontractors, (ii) has verified that all Subcontracts are fully executed, and (iii) has verified that all Subcontracts meet the requirements set forth in Exhibit B, Part 4 of the Contract and all other applicable terms and conditions of the Contract relating to Subcontractors and Subcontracts; and
e. The information included in the Subcontractor and Delegated Work Report and submitted to OHA has been reviewed for compliance and content and is true and accurate.

CONTRACTOR

Authorized Signature

Printed Name

Title

Date

Mark this box if the above signatory is a delegate and has been authorized by the Signature Authorization Form.